

Fax-Bestellformular

Fax Order Form



CREDENHILL LIMITED
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 Ilkeston
 Derbyshire
 DE7 5UG
 Tel: 0115 932 0144
 Fax: 0800 0285206
 E-mail: sales@credenhill.co.uk
 www.credenhill.co.uk

Frau/ Mrs. Herr/ Mr.

Absender (Stempel)/ Sender (stamp)

Komm./ name of patient: _____


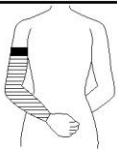


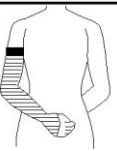
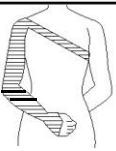
Geburtsdatum/ date of birth: _____

Letzte Auftrags-Nr./ last order no.: _____

Arzt/ doctor: _____

Kunden-Nr./ customer no.: _____

Datum/ date: _____

						
	CG	CG-H	CH	ZG	ZG-H	ZH
VENOSAN® 7002 (Ccl. II)						
VENOSAN® 7003 (Ccl. III)						

Farbe/ colour: **nur / only in beige**

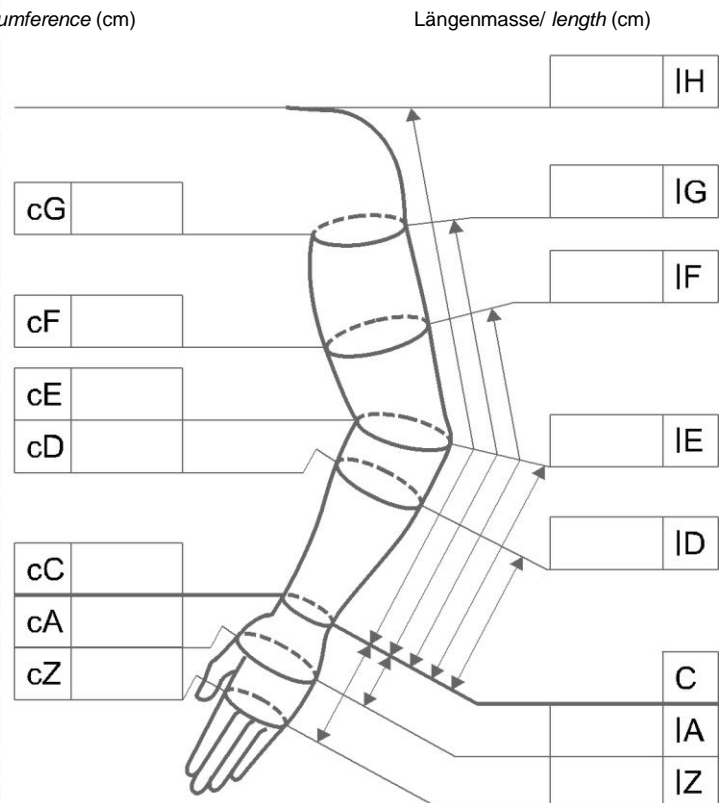
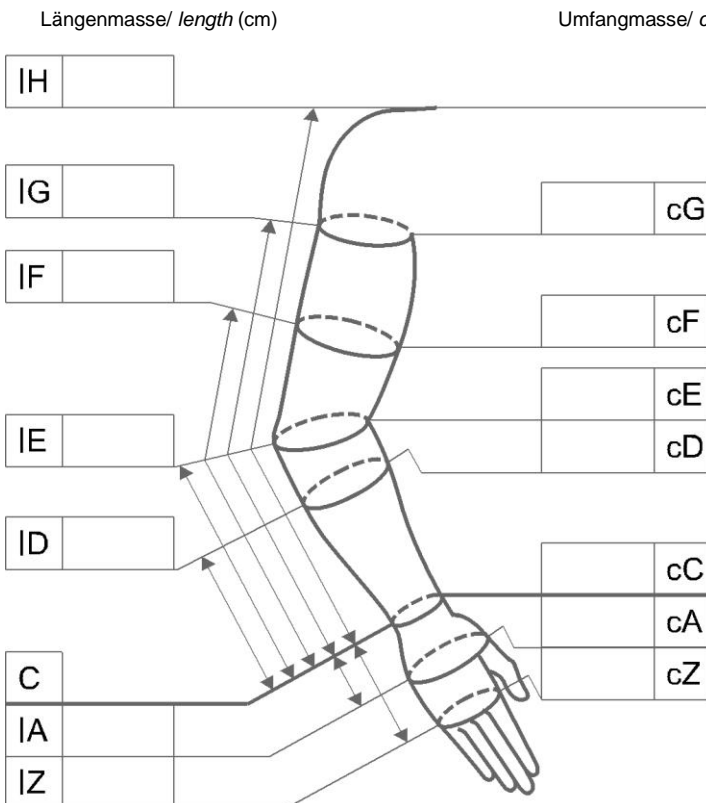
Sonderwünsche/ special requirements: _____

Anzahl/ Quantity

	Stk. links/ pcs. left
	Stk. rechts/ pcs. right

Rechter Arm / right arm

Linker arm / left arm



Messen Sie möglichst am ausgeruhten/abgeschwollenen Arm!
Die Längen werden am gestreckten Arm gemessen
 Armstrümpfe nach Mass können nicht zurückgenommen werden.
Bei falschen Angaben haftet der Besteller!

Measure the arm when it is in relaxed position!
The length is measured on the outstretched arm
 The manufacturer is not responsible for incorrect measurements.
Custom made arm sleeves cannot be exchanged!